

Prevalence of Consent in Obstetric Surgery in a Tertiary Hospital of Cameroon



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Abstract

Introduction: Consent is the express agreement to a choice, offer, or request. In gynaecological surgical practice, this act has changed the paternalistic approach to the doctor-patient relationship, in which the patient submitted to the doctor's decisions, to one of shared decision-making.

Objective: To determine the prevalence of consent in obstetric surgery at the maternity ward of the Gynaecological-Obstetric and Paediatric Hospital in Yaoundé.

Methodology: A cross-sectional and prospective study was conducted at the Yaoundé Gynaecological-Obstetric and Paediatric Hospital from November 2020 to June 2021, i.e., a duration of 8 months. All women who underwent surgery in pregnancy at the Yaoundé Gynaecological-Obstetric and Paediatric Hospital and who gave their informed consent were included in our research. Data collection was done using a pre-designed form and then analysed using SPSS version 25.0 software.

Results: The mean age of our patients was 29.3 ± 5.9 years with extremes ranging from 16 to 44 years. The majority were married (53.3%), with at least secondary education (88.5%). The overall prevalence of consent for obstetric surgery was 93.2%. In 88.2% of cases, consent was given on the day of the operation, in oral form and in written form in 56%.

Conclusion: The prevalence of consent in obstetric surgery at the maternity ward of the Yaoundé Gynaecological-Obstetric and Paediatric Hospital is very high.

Keywords: Consent; Prevalence; Obstetric Surgery; Medical Ethics

Introduction

The patient's right to make decisions about his or her own health care has been enshrined in legal and ethical statements worldwide [1]. Consent is defined as the willingness to commit one's person or property or both. One commits the property of others when acting in execution of a mandate, also known as "power of attorney", issued by the proxy [2]. Informed consent is therefore the act of expressly agreeing to a choice, an offer, or a request after having received clear, fair, and appropriate information. It is one of the essential notions of current medical ethics. In Cameroon, the application of this requirement in care motivated this research on the prevalence of consent in obstetric surgery at the maternity ward of the Gynaecological-Obstetric and Paediatric Hospital in Yaoundé.

Methodology

This was a cross-sectional and prospective study that was conducted from November 2020 to June 2021, i.e., a duration of 8 months, at the maternity ward of the Yaoundé Gynaecological-Obstetric and Paediatric Hospital. Women operated on during pregnancy who had given their informed consent were included. They were seen in the hospital ward in the postoperative period. Data collection was done using a pre-designed form and then analysed using SPSS version 25.0 software. The results were reported as means \pm standard deviation, frequencies, and percentages.

Results

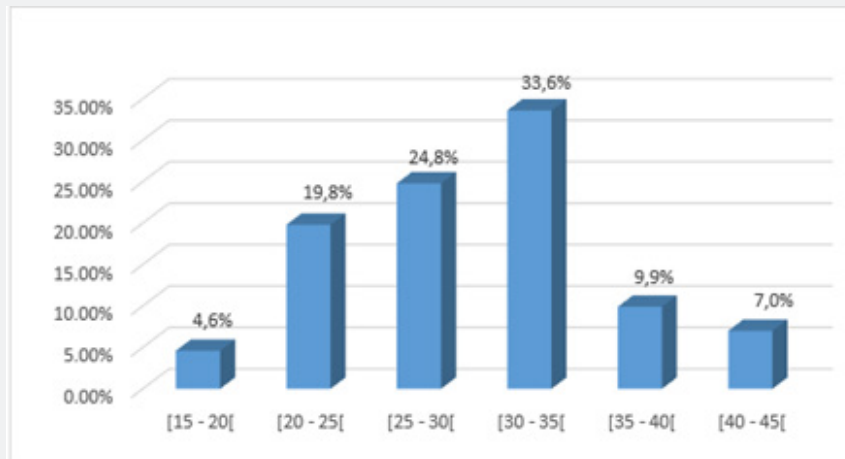


Figure 1: Distribution of women by age group.

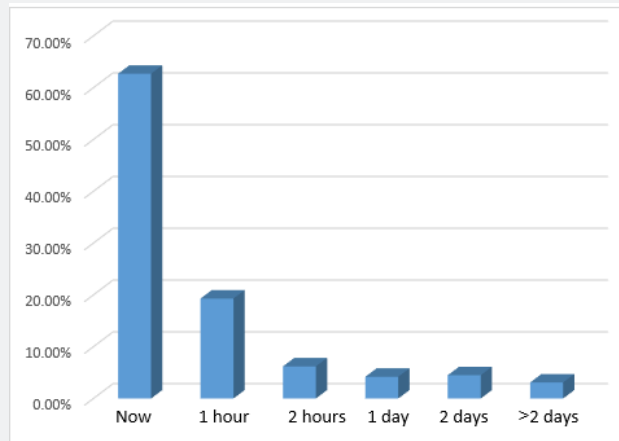


Figure 2: Distribution according to the time taken to obtain consent.

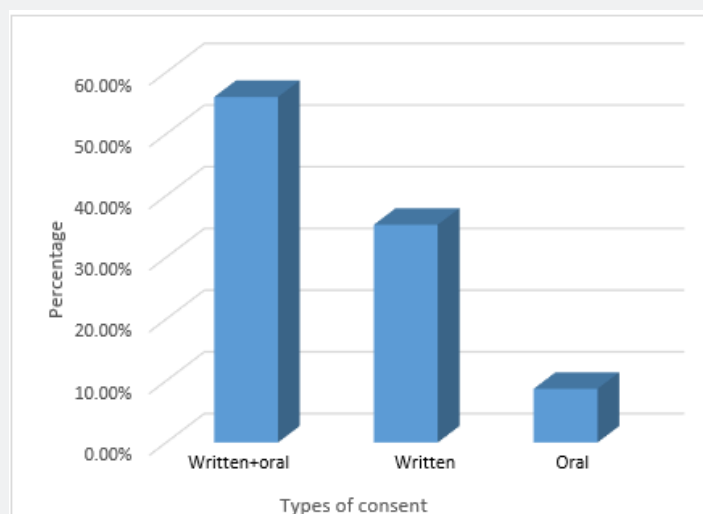


Figure 3: Distribution according to the type of consent given.

Table 1: Socio-demographic and clinical characteristics.

Variables	Workforce	%
Occupation	N=383	
Employee	273	71,2
House help or maid	60	15,7
Student	50	13,1
Marital status		
As a couple	204	53,3
Single	179	46,7
Divorced	0	0
Widow	0	0
Level of education		
Secondary	190	49,6
Superior	149	38,9
Primary	38	9,9
Not in school	6	1,6
Parity		
Multipare	265	69,2
Primipare	89	23,2
Nulliparous	29	7,6
Type of surgery		
Caesarean section	316	82,5
Laparotomy	51	13,3
Episiotomy	9	2,3
Haemostasis hysterectomy	7	1,8
Post-operative evolution		
Favourable	378	98,7
Pain	5	1,3
Infection	0	0
Wall abscesses	0	0
VTE	0	0

A total of 383 patients were included in our study. The mean age was 29.3±5.9 years with extremes ranging from 16 to 44 years. The most represented age group was 30 to 35 years with 129 individuals, i.e., 33.6%. The majority (53.3%) were married, with a secondary (49.6%) and higher (38.9%) level of education (Figure 1). Married women were the most represented (53.3%), the most common levels of education were secondary (49.6%) and higher (38.9%). Most of our patients were employed (71.2%). The most frequent type of surgery was caesarean section (82.5%), and the postoperative course was simple for almost all patients (98.7%) (Table I). The majority (88.2%) declared that they had given their consent on the day of the operation, including 62.7% immediately before their admission to the operating theater. Only 11.8% had given written consent at least one day before the

operation (Figure 2). The most common type of consent found was a combination of written and oral forms in 56,0% followed by the written form in 35.3% as shown in Figure 3.

Discussion

Socio-demographic profile

The average age of our patients, 29.3±5.9 years, was close to the average age found by Coulibaly et al. [3]. The most represented age group was between 30 and 35 years (33.6%) and differed from that found by Teshome et al which was 25 to 30 years [4]. This could correspond to the period of intense sexual activity of the woman during which the gynecological history accumulates. Multiparous women with an obstetrical history were in the majority with a rate of 69.2%, which justified the use of surgery. The most common type of surgery was caesarean section (82.5%) and was like the findings of Zeeshan et al. [5].

Prevalence of consent

The prevalence of consent in obstetric surgery at the Yaoundé Gynaecological-Obstetric and Paediatric Hospital, i.e.93.2%, is superimposed on those of Robertson et al in Australia (98%) [6], Ochieng et al. [7] in Uganda (92.9%) and Osimé et al. [8] in Benin. This could be justified by the exemplary nature of university hospitals facing other structures of lower categories. Coulibaly et al in Mali in 2019 [3] reported a prevalence of 29.3% for consent to episiotomy, which could be explained by the fact that for episiotomy is performed during delivery, many women were not able to give consent.

Conclusion

Most women were young, multiparous adults with at least secondary education. The prevalence of consent in obstetric surgery at the Yaoundé Gynaecological-Obstetric and Paediatric Hospital was very high. Consent was obtained for emergency and elective surgery and is part of the surgical checklist. Most of the women had given their consent on the day of the operation in oral and written form.

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